MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040980

STATE FILE NUMBER

Registration District No. **317**   Primary Registration District No. **531**   Registrar's No. **3123**

FILED NOV 5 1962

DO NOT WRITE ON THIS STUB	AMENDED
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(left margin vertical text: USE BLACK INK OR TYPEWRITER RIBBON — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT — DATE AMENDED — MEDICAL CERTIFICATION)

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: UNIVERSITY CITY
Length of stay in 1b: YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 8415 DELMAR BLVD.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI   b. COUNTY: ST. LOUIS
c. CITY OR TOWN: UNIVERSITY CITY   Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 8415 DELMAR BLVD.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)
First: WILLIAM   Middle: Last: COHEN

4. DATE OF DEATH Month, Day, Year: OCTOBER 28th, 1962

5. SEX: MALE   **6. COLOR OR RACE:** WHITE   **7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/1/10   **9. AGE (last birthday):** 51   IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BROKER
10b. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE
11. BIRTHPLACE (City and state or country): ST. LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: BEN COHEN
13b. MOTHER'S MAIDEN NAME: IDA CHOTINSKY
14. NAME OF HUSBAND OR WIFE: MIRIAM LEVY COHEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNK.
16. SOCIAL SECURITY NO.: UNK.
17. INFORMANT: MRS. M.L. COHEN 8415 DELMAR BLVD.   Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Coronary occlusion*   INTERVAL BETWEEN ONSET AND DEATH: *1 day*
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m./p.m., Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION | COUNTY | STATE

21. I attended the deceased from Nov, 1950 to Oct. 28, 1962 and last saw him alive on Oct. 27, 1962
Death occurred at 5 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] M.D. (Degree or title)
22b. ADDRESS: 4652 Maryland
22c. DATE SIGNED: 10/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10/30/62
23c. NAME OF CEMETERY OR CREMATORY: UNITED HEBREW TEMPLE
23d. LOCATION (City, town, or county): ST. LOUIS COUNTY   (State) MISSOURI

24. FUNERAL DIRECTOR: HERMAN RINDSKOPF INC. 5216 DELMAR   ADDRESS
25. DATE RECD. BY LOCAL REG.: 10-29-62
26. REGISTRAR'S SIGNATURE: [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _John Ketter_____
Signature of Student Embalmer

    Licensed Embalmer No. 3880

    P. O. Address _St. Louis Mo._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.